DOCUMENT RESUME

ED 261 050 SP 026 497

TITLE	Standards for Scoliosis Screening in California Public Schools.
INSTITUTION	California State Dept. of Education, Sacramento.
PUB DATE	85
NOTE	40p.
AVAILABLE FROM	Publications Sales, California State Department of Education, P.O. Box 271, Sacramento, CA 95802-0271 ($2.50).
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Health Programs; Junior High Schools; *Medical Evaluation; Physical Health; Program Design; *School Health Services; *Screening Tests; *State Programs
IDENTIFIERS	California; *Scoliosis

ABSTRACT

This publication is intended as a reference for school-level personnel, such as nurses, selected teachers, and administrators, on the procedures for initiating and maintaining a scoliosis screening program for girls in grade seven and boys in grade eight. It provides school personnel with a document that contains standards for school screening programs and laws and regulations which govern them. The standards are intended for use in planning and implementing programs for assessment of spinal deformities. (JD)

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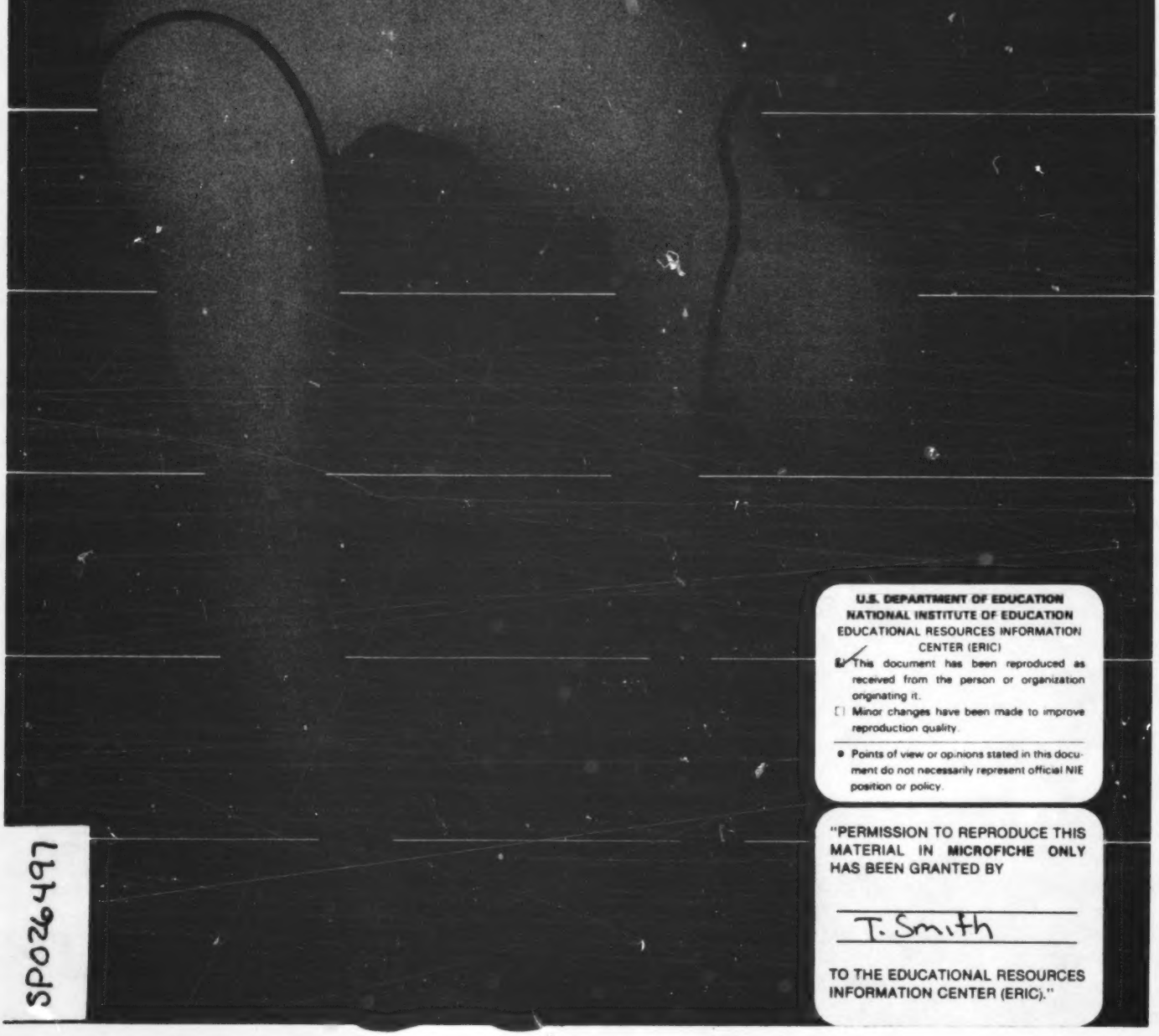
Standards for Scoliosis Screening in California Public Schools



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Publishing Information

This publication, which was prepared under the general direction of Persida Drakulich, Consultant, School Health Unit, Office of Special Curriculum Services, California State Department of Education, was designed to serve as a model for the schools, not a mandate. The document, which was edited by Robert Merklein and Bob Klingensmith, was prepared for photo-offset production by the staff of the Bureau of Publications. Artwork was created by Paul Lee, with typesetting by Anna Boyd and Leatrice Shimabukuro. The document was published by the Department of Education, 721 Capitol Mall, Sacramento, CA 95814-4785; printed by the Office of State Printing; and distributed under the provisions of the Library Distribution Act and *Government Code* Section 11096.

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Copies of this publication are available at $2.50 each, plus sales tax for California residents, from Publications Sales, California State Department of Education, P.O. Box 271, Sacramento, CA 95802-0271.

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Contents

	Page
Preface	v
Acknowledgments	vi
Introduction	1
Objectives of the Screening Program	1
Characteristics of an Effective Screening Program	1
Legal Basis for Scoliosis Screening	2
Reimbursement Policy	2
Personnel Authorized to Conduct Screening	2
Program Implementation	3
Education Component	3
Early Detection	3
Training Program Standards	4
Goals of Training Program	4
Training Requirements	4
Course Content	4
Screening Procedure	5
Preparation for Screening	5
The Screening Positions	5
Standing Position (Back)	5
Forward Bending Position	5
Standing Profile Position	6
Standing Position Facing the Screener	6
Recording of Data	6
Rescreening	6
Referral to a Physician	6
Follow-Through	7
Checklist for Scoliosis Screening	8
Selected References	10
Appendixes	
A. Legal Provisions	11
B. Proposed Addition to the *Administrative Code*	15
C. Claim Forms and Supporting Data for Reimbursement of Costs	19
D. Examples of Screening Program Forms	25

Preface

The National Scoliosis Research Society estimates that one million Americans have a significant degree of scoliosis, a lateral or side-to-side curvature of the spine. Early detection of scoliosis can prevent a deformity which results in back pain, unsightly posture, and impairment of the body's range of motion and endurance. Untreated, the distortion of the spine can affect the function of other parts of the body, including the heart and lungs.

If schools, together with community health agencies, can help prevent permanent spinal deformity and accompanying health problems, it follows that very costly treatment and other forms of care can be avoided. California public schools offer a wide variety of screening programs designed to identify correctable health problems. Ensuring optimum health to the degree possible helps children and youths attain the highest achievement level within their capabilities.

This publication, *Standards for Scoliosis Screening in California Public Schools,* was developed by an advisory committee to be compatible with the law and administrative regulations for scoliosis screening. It should be emphasized that the publication is intended to provide both a standard for screening purposes and a tool for designing the program within legal parameters.

The value of this publication can be confirmed only after many of you have used it. Therefore, as you proceed to implement your scoliosis screening program, we ask that you take the time to inform us of your success as well as areas needing further clarification. Please direct your communications to the School Health Unit, California State Department of Education, 721 Capitol Mall, Sacramento, CA 95814-4785.

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Acknowledgments

This publication was developed with the assistance of the school nurses, orthopedic surgeons, public health specialists, medical practitioners, and school administrators listed below, who met with State Department of Education staff over a period of several months. These highly skilled people provided important background information and knowledge on scoliosis screening services and the needs of schools, nurses, and students:

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Introduction

Scoliosis has been a reality since human beings first assumed an erect posture. Cave drawings and woodcuts clearly show prehistoric people with spinal deformities. For years scoliosis had no known cause and was referred to as "idiopathic." However, there is evidence now that idiopathic scoliosis is genetic.

Scoliosis is a lateral or sideways curvature and rotation of the spine. The most common type, adolescent idiopathic scoliosis, is a disorder found during rapid growth years in girls nine to fourteen years of age and in boys eleven to sixteen years of age. Of the total population, 1 to 2½ percent will require medical follow-up, which may include periodic observations, active nonsurgical treatment, or surgery, depending on the amount of curvature at the time of detection.

The disorder tends to run in families. It is recommended that when a child is detected as having a possible spinal deformity, other siblings in the family be screened, regardless of their age or grade. Scoliosis screening is a visual assessment of the spine. Early detection, diagnosis, and treatment are important to successful medical management and to the prevention of cardiopulmonary compromise later in life.

The purposes of a scoliosis screening program are (1) to identify children with spinal deformities early so they can be treated without the need of surgery; (2) to educate students, parents, school staff, and the community about the need for early detection and treatment; and (3) to develop and maintain an effective scoliosis treatment program.

The members of the scoliosis screening committee have addressed content, procedural and referral methods, the legal basis for the program, and the reimbursement policy. Persons desiring more information regarding scoliosis and its possible complications should consult their local health department.

This publication is intended as a reference for school-level personnel, such as nurses, selected teachers, and administrators, on the procedures for initiating and maintaining a scoliosis screening program for girls in grade seven and boys in grade eight. It provides school personnel with one document that contains standards for school screening programs and laws and regulations which govern them. The standards are intended for use in planning and implementing programs for assessment of spinal deformities so that all children and youths in California public schools may have a normal development and a normal life.

Objectives of the Screening Program

The major objectives of the scoliosis screening program are to:

1. Prevent the development of progressive spinal deviations that may affect the student's health and potential for learning.
2. Identify students with common spinal deviations.
3. Improve in-school management of children with spinal deviations by coordinating efforts with parents, school staff, and health professionals by:
   a. Adjusting the school educational program to meet student needs
   b. Assisting with the prescriptive regimen for treatment
   c. Establishing follow-through procedures which will ensure that each identified student receives appropriate care
4. Notify the parents of each student having a possible spinal deviation and to encourage further professional spinal evaluation.
5. Increase school nurse and teacher/administrator contributions to health services and education through coordinated efforts in the development of curriculum and in-service education.

Characteristics of an Effective Screening Program

An effective scoliosis screening program should do the following:

1. Have the support of school personnel.
2. Provide for adequate screening time, a factor basic to the screening process.
3. Provide in-service training sessions and demonstrations on the screening techniques.
4. Provide appropriate space for student privacy during the screening process.
5. Include appropriate follow-through procedures when the condition is most amenable to treatment.
6. Adhere to reporting procedures for reimbursement.

7. Make parents aware of the program and referral procedures.

Legal Basis for Scoliosis Screening

On January 1, 1982, Section 49452.5 was added to Chapter 9 of the *Education Code*. It mandated scoliosis screening for girls in grade seven and boys in grade eight. The State Board of Education adopted regulations in 1981 that define duly authorized agents, standards, and staffing for scoliosis screening. Proposed regulations and codes applicable to scoliosis screening are presented in appendixes A and B.

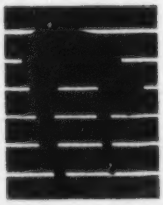
Reimbursement Policy

In accordance with the provisions of the *Revenue and Taxation Code,* Section 2231, school districts are authorized to file claims with the State of California for costs incurred as the result of a mandate. School districts will be reimbursed for costs associated with screening, recordkeeping, referral, follow-up, and administration of the scoliosis screening program. Estimated costs for the school year are submitted in October, and actual costs are submitted a year later. Schools are to be penalized for failure to make claims for either estimated or actual costs. Instructions and procedures for submitting estimated and actual costs are presented in Appendix C.

Personnel Authorized to Conduct Screening

Persons in school districts or offices of county superintendents of schools who may be required or permitted to do screening for spinal deformities must be qualified to do so (*Education Code* Section 49452.5). The following persons may serve as screeners:

1. Certificated school district employees or county employees who satisfactorily completed the required scoliosis training
2. Medical practitioners, such as a school nurse, school nurse practitioner, physician, orthopedic surgeon, physical therapist, or chiropractor, who hold both (a) a certificate of registration from the appropriate California board or agency; and (b) a health and development credential or a standard designated services credential with a specialization in health (*Education Code* Section 49422)
3. Contract agents who have met the above requirements and who have been authorized by the office of the county superintendent of schools of the county in which the district is located



Program Implementation

The focus of a school scoliosis screening program should be on education about scoliosis and early detection of children with common spinal deviations. If the program is to be effective, it will require a collaborative team effort involving the resources of both the school and community.

Education Component

A scoliosis program should include an education program for school staff, screeners, and students and an awareness program for the community. The following should be considered a guideline to this activity:

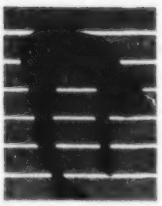
1. Meet with representatives of districts and offices of county superintendents and other appropriate community agency personnel, including a representative of California Children's Services, to discuss program planning, including ways to do the following:
   a. Establish support for the program and its implementation.
   b. Determine the identity of qualified screeners.
   c. Determine the training needs for screeners.
   d. Determine the need for an in-service training program for school staff.
   e. Identify available community resources.
   f. Determine scoliosis screening information for the annual parents' rights letter.
2. Confirm participation of community resources to do the following:
   a. Assist in program implementation.
   b. Serve as referral/treatment resources.
   c. Determine referral process.
3. Plan and implement in-service training for screeners and education for school staff.
4. Meet with parents and community groups to obtain their support and to help them gain an understanding of the seriousness of scoliosis and related spinal deformities and the importance of early detection.
5. Inform parents and others interested in the nature of spinal deformities as to the referral procedures to be followed by the school, community resources available for further diagnosis and treatment, the follow-through process, and education adjustments to be made, if necessary.
6. Encourage support and acceptance of the school scoliosis screening program.

Early Detection

The onset of idiopathic scoliosis is gradual and usually coincides with the adolescent growth spurt between the ages of nine and sixteen years. In most cases the development of the curvature goes unnoticed by the parent and child alike because curvature in an adolescent is not usually obvious when a child stands, sits, or walks, and pain is seldom associated with scoliosis at this early stage. Since the early onset of scoliosis is generally asymptomatic, the problem is often not detected until the curvature has progressed. Treatment is begun, therefore, at a later stage. Because treatment methods differ, depending on the age of the child, the nature of the curve, and other factors, early awareness of the problem becomes important. Early detection and subsequent nonsurgical treatment will preclude the need for many children to undergo major surgery.

The goals for early detection should be to do the following:

1. Detect curvatures of the spine while children are young and amenable to nonoperative treatment; for example, bracing.
2. Examine children yearly in the risk years (grades five through eight, ages ten through sixteen).
3. Recognize that by early detection more appropriate treatment can be given.



Training Program Standards

Education Code Section 49452.5 requires that in-service training of instructors and screeners shall be in accordance with the rules and regulations established by the State Board of Education. In-service training of instructors shall be conducted by orthopedic surgeons, physicians, registered nurses, physical therapists, and chiropractors who hold valid credentials and who have received specialized training in scoliosis detection. The following are some of the goals, training requirements, and course content of such a program.

Goals of Training Program

The supervisors of scoliosis screening programs and instructors of screeners will be able to:

1. Assess a child accurately for evidence of scoliosis.
2. Recognize the physical criteria that indicate the need for rescreening and referral.
3. Research and identify the availability of health services and other community resources.
4. Plan and implement educational and informational programs for students, parents, school district personnel, and members of the local medical community, including physicians, hospital workers, and persons employed by California Children's Services.
5. Complete information, parental consent, screening, reporting, and referral forms.
6. Maintain appropriate information for claiming reimbursement.

Training Requirements

A qualified person will conduct in-service training for a period of approximately four hours. The trainee will be given a training certificate upon successful completion of the prescribed requirements.

Course Content

The course content should include the following:

1. Legal basis for the screening program, including regulations, *Education Code,* and guidelines
2. Discussion of scoliosis and its many forms and ramifications
3. Treatment modalities and effects of nontreatment
4. Psychological consideration of students and parents
5. Use of anciliary services
6. Screening techniques
7. Criteria for referral
8. Reporting, recording, and follow-up procedures
9. Ways to work with parents, community, and students
10. Organization of a scoliosis screening program
11. Evaluation procedures
12. Reimbursement procedures
13. Current research
14. Practicum

Screening Procedure

Existing law requires that all female students in grade seven and all male students in grade eight be given scoliosis screening by qualified personnel. Screeners must be alert and sensitive to students' shyness and anxiety. To secure the confidence, understanding, and cooperation of the students participating in the screening process, the person administering the program or a school staff member should explain to the students its purposes and procedures and should tell students how to prepare for the screening.

Preparation for Screening

Students at this age are very self-conscious. Every effort should be made to minimize their anxieties. The following include ways in which the students' privacy may be protected:

1. Screen boys and girls separately.
2. Screen all students individually.
3. Ensure privacy through the use of a partition to separate students waiting to be screened or have students wait outside the screening room.
4. Provide an area near the examination area where students can change their clothing.
5. Have the boys strip to the waist and wear briefs or gym shorts.
6. Have the girls wear clothing that can be removed easily when entering the screening area. Leotards or one-piece bathing suits tend to camouflage the lower spine area but are also acceptable.
7. Have students loosen their waist bands for observation of the waistline.
8. Make optional the removal of shoes or sneakers before screening.
9. Make arrangements for extra privacy in special cases; for example, girls without bras or obese students.
10. Avoid all unnecessary comments regarding student examination.

The area in which the screening is conducted should be set up to accommodate both the student and the screener, as follows:

1. Reserve the selected site for the scoliosis screening activity for only the duration of the screening.
2. Provide in the screening area one chair for the screener, a roster of students to be screened, forms, and pencils.
3. Place masking tape on the floor in front of the screener's chair to indicate where students should stand.
4. Make sure the room is well-lighted, warm, and comfortable for students to be screened.

The Screening Positions

Every student is screened in a series of positions to enable the screener to identify a possible spinal deformity. The four positions discussed in the following paragraphs are used for every screening. The sequence is planned for optimum use of time and motion. The "Postural Screening Work Sheet" (Appendix D) should be used to identify the deviations.

Standing Position (Back)

The screener is seated 5 to 8 feet (1.5 to 2.4 metres) from the tape mark on the floor. The student stands with his or her back facing the screener, toes on the tape, knees straight, weight evenly distributed on both feet, shoulders relaxed, and arms at the sides and relaxed. The screener checks for the following:

1. Difference in shoulder height.
2. Uneven shoulder blades (scapulae). One shoulder blade may protrude or be higher than the other, indicating a thoracic scoliosis or kyphosis (abnormal backward curvature).
3. Unequal distance between the arm and body. If a student has scoliosis, the arm on one side of the body may be located farther away from the flank area.
4. Difference in length of arms as they hang down relaxed.
5. Uneven hip heights and waist crease; that is, one hip may be higher than the other, and the waist crease may be deeper or more prominent on one side.
6. Lateral curvature of the spine.

Forward Bending Position

The student bends forward from the waist. The feet are placed together, knees are straight, head is dow and the arms hang straight from the body (.0

degrees), with palms together. The screener examines from all sides for the following:

1. Asymmetry of the rib cage or upper back; that is, one side higher than the other
2. Presence of a rib hump in the back
3. Inability of the student to touch his or her ankles

Standing Profile Position

The screener is seated. The student stands with his or her side toward the screener. The student stands with feet together, weight evenly balanced on both feet, knees straight, and shoulders relaxed. The screener checks for the following:

1. Accentuated round back; that is, the shoulders hunched forward
2. Grossly accentuated swayback
3. Accentuated prominence of the thorax and lumbar spine
4. Accentuated prominence of the buttocks
5. Accentuated forward position of the head in relation to the shoulder girdle

When this check has been completed, the student should turn 180 degrees and stand with his or her other side to the screener. The screener then rechecks the student for the above conditions.

Standing Position Facing the Screener

The screener is seated. The student stands straight, facing the screener, with heels on the tape, weight evenly distributed on both feet, shoulders relaxed, and arms at ease at the sides. The screener checks for the following:

1. Difference in height of shoulders
2. Unequal distance between arm and body
3. Uneven hip heights and waist crease

Recording of Data

The following data should be recorded during screening:

1. Date and results of the screening on the student health record.
2. Data required for state reimbursement. Refer to the claim for payment form provided in Appendix C.

Rescreening

Criteria for rescreening are as follows:

1. Students for whom any positive findings are made should be rescreened at a separate session by someone other than the original screener.
2. Regulations do not require that the parent be notified of the need for rescreening. However, parental contact either by letter or phone may be advisable in some situations.
3. Procedures for the rescreening should be the same as those used in the original screening.

Referral to a Physician

After the rescreening a student with a suspected spinal deviation should be referred for further evaluation by a physician. Both students with suspected findings and their parents or guardians should be notified for immediate counseling. They should be informed that a suspected spinal deviation does not constitute a diagnosis of scoliosis but does indicate the need for further evaluation. During the initial nurse/parent conference, the school nurse should do the following:

1. Explain the results of the screening and their significance.
2. Respond to all questions. Allow the parents to express their concerns and anxieties.
3. Ascertain whether the family needs help in obtaining a source of care.
4. Explain the referral form so that the parents will understand the information given to them.
5. Explain the information being sought from the physician and the importance of his or her returning the form to the school, regardless of the findings.
6. Discuss how follow-up will be handled at the school and the arrangements that might be possible to accommodate the student in the learning environment.
7. Arrange with the parents to have screenings of siblings over eight years of age, since scoliosis tends to run in families.

Any of the following conditions noted during the screening signal the need for evaluation by a physician:

1. Significantly elevated or prominent shoulder or scapula
   a. Greater than 1-inch (2.5-centimetre) difference in shoulder height
   b. Greater than 1-inch (2.5-centimetre) difference in scapula height
2. Prominence of the thoracic ribs or the lumbar area. Any amount of asymmetry is an indication for referral. The prominence could be present in the thoracic area on one side and the lumbar area on the other side.
3. Excessive thoracic kyphosis, particularly if it is angulated and not reversed by hyperextension.
4. Excessive lordosis (forward curvature of the spine) which cannot be reversed by forward flexion of the spine.

5. Asymmetry of the waistline, with flattening of the waist on one side and accentuation on the other. This condition can be associated with lumbar scoliosis or unequal leg length.
6. Leg length difference greater than ½ inch (1.3 centimetres) when measurement is indicated by observation of uneven iliac crests. Student should be supine when measured from the anterior iliac crest to the medial ankle prominence on the same side.
7. Any persistent back pain, with or without deformity, which interferes with normal activity.

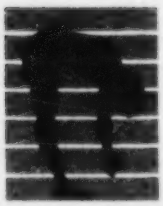
Follow-Through

Students who were not referred for further evaluation because the findings were slight or borderline should be rescreened in approximately six months. Both parents and students should be kept fully informed.

Both parents and students will need support to allay their fears and to help them complete the evaluation process. After the evaluation has been completed, the school will follow through within the parameters of the school health services available. Special services that might be offered include the following:

1. Adaptation of a physical education program
2. Supervision of exercises recommended by the care provider
3. Care of brace or cast
4. Counseling of students or parents regarding a prescribed program for weight control, diet, exercise, medication, and so on

All pertinent information relative to scoliosis screening, evaluation results, and the monitoring process is recorded on the student's school health form.



Checklist for Scoliosis Screening

For the Administrator

This checklist provides a number of items that are essential for a good scoliosis screening program in the school and can be used to plan your program.

Yes	No	
___	___	Is the school doing the scoliosis screening on all grade seven girls and grade eight boys as required? (*Education Code* Section 49452.5)
___	___	Does the screener meet the state requirement for performing this service?
___	___	Has the screener had the appropriate in-service training to perform this service?
___	___	Is a lesson conducted in the classroom on scoliosis and its potential effects on growth and development?
___	___	Has the trained screener been provided with the necessary forms and appropriate space?
___	___	Is there a follow-through plan for rescreening and making the necessary school adjustment to accommodate the student?
___	___	Has the school identified community resources available?
___	___	Does the school have a plan to coordinate with community agencies offering gratuitous help?
___	___	Have parents been informed in writing about the scoliosis screening program?
___	___	Are screening and recording work sheets available? (See Appendix D.)
___	___	Is a report form to parents available? (See Appendix D.)
___	___	Is a referral form available? (See Appendix D.)
___	___	Is there a check sheet for referral follow-through? (See Appendix D.)
___	___	Are data sheets for including information about requirements for state reimbursement available? (See Appendix C.)
___	___	Has a schedule been made for necessary ancillary services (persons for screening assistance, recording, custodial services)?
___	___	Has a suitable physical environment been selected?

Two to three weeks before the screening date:

Yes	No	
___	___	Has there been confirmation from appropriate personnel as to dates and locations for screening and rescreening?
___	___	Are the screening and recording forms available?
___	___	Has there been an education program scheduled for students as close to the screening date as possible?
___	___	Has information been sent to the parent/guardian regarding the scoliosis screening program?
___	___	Is there a plan for follow-through procedure(s)?

One week before the screening date:

Yes	No	
___	___	Is the screening roster updated and ready for use?
___	___	Have staff and volunteers been reminded of screening dates and locations?
___	___	Was an information item included in the school bulletin or newspaper?
___	___	Have the facilities been checked for appropriate lighting and room temperature for comfort?

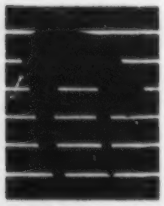
The day before the screening:

Yes	No	
___	___	Has a selected staff member, such as a physical education instructor, been designated to review with students the preferred clothing for scoliosis screening?
___	___	Is there a supply of forms necessary for the program?
___	___	Is the screening area set up for the scoliosis screening?
___	___	Are separate areas set up for boys and girls if screening is to be done at the same time?

For the Screener to Set Up and Organize the Screening

Have educational materials been prepared to present to students, parents, and/or community:

Yes	No	
___	___	For student orientation?
___	___	For staff education?
___	___	For in-service training?
___	___	About the screening date?
___	___	About a screening date for absentees?
___	___	About a rescreening date?



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Holt de Toledo, C., and others. "The Patient with Scoliosis—The Defect, Classification and Detection," *American Journal of Nursing,* Vol. 79 (September, 1979), 1587—1612.

Winder, R. R. "Posterior Spinal Fusion in Scoliosis: Indications, Techniques and Results," *Orthopedic Clinics of North America,* Vol. 10 (October, 1979), 788—94.

3. Pamphlets

Brace Yourself: Scoliosis and the Milwaukee Brace. Rainbow Youth Spine Center, 2065 Adelbert Road, Cleveland, OH 44106.

Fact Sheet (English and Spanish). The Scoliosis Association, Inc., One Penn Plaza, New York, NY 10001.

Scoliosis: Ciba Clinics Symposia. Volume 30, No. 1, Ciba Pharmaceutical Company, Summit, NJ 07901.

Scoliosis: Curvature of the Spine Can Be Controlled. California Easter Seal Society, 742 Market Street, Suite 202, San Francisco, CA 94102.

Scoliosis . . . What's That? Scoliosis Research Society, Suite 800, 430 North Michigan Avenue, Chicago, IL 60611.

What If You Need an Operation for Scoliosis? Rainbow Youth Spine Center, 2065 Adelbert Road, Cleveland, OH 44106.

4. Slide Cassette Program

S Curve, 1980. 35-mm slides with one cassette, Kevin Donovan Films, 44 Treat Road, Box 2009, Glastonbury, CT 06033.

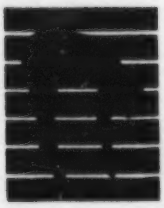
Spinal Deformity in Growing Children: An Introduction. American Academy of Orthopedic Surgery, 444 N. Michigan Avenue, Chicago, IL 60611; 312-822-0970.

Watch That Curve, 1979. 35-mm slides with two cassettes, TIRR, P.O. Box 20095, Houston, TX 77025; Attn.: Education and Training.

5. Films

Hold That Curve, 1980. A film on scoliosis available from Public Relations Department, Newington Children's Hospital, 181 East Cedar Street, Newington, CT 06111.

Spinal Screening Program. 16-mm film, American Academy of Orthopedic Surgery, 444 North Michigan Avenue, Chicago, IL 60611.



Appendix A

Legal Provisions

Sections from the *Education Code*

Article 6. Supervision of Health

(Article 6 enacted by Stats. 1976, Ch. 1010)

Employment of Supervisors of Health

1750. The county superintendent of schools may, with the approval of the county board of education, employ one or more supervisors of health, as supervisors of health are defined in Section 49420, to provide health services to pupils in elementary school districts under his jurisdiction which had less than 901 units of average daily attendance during the preceding fiscal year, to pupils in high school districts under his jurisdiction which had less than 301 units of average daily attendance during the preceding fiscal year, and to pupils in unified school districts under his jurisdiction which had less than 1,501 units of average daily attendance during the preceding fiscal year.

(Enacted by Stats. 1976, Ch. 1010.)

Authority to Contract for Provision of Health Services

1751. In lieu of employing supervisors of health, the county superintendent of schools may, with the approval of the county board of education, contract with the board of supervisors of the county in which he holds office, or with any local health district located wholly or partially within such county, for the provision of health services by employees of the county health department or local health district to pupils in the school districts specified in Section 1750.

(Enacted by Stats. 1976, Ch. 1010.)

Provision of Health Service under District Agreement

1752. The county superintendent of schools may, with the approval of the county board of education, enter into an agreement with the governing board of any school district under his jurisdiction for the provision of any or all health services to the district by the county superintendent of schools. The agreement shall provide for the payment of the cost of providing the services. The county superintendent of schools shall transfer from the funds of the district to the county school service fund the amounts set forth in the agreement.

(Enacted by Stats. 1976, Ch. 1010.)

Credential Requirements

1753. The services described in Section 1750, 1751, and 1752 shall be performed by persons who hold a valid health and development credential, or life diploma based thereon, or a services credential with a specialization in health issued by the State Board of Education or Commission for Teacher Preparation and Licensing; provided, however, that a psychologist may be employed to perform psychological services or may perform psychological services under contract if he is the holder of a valid school psychologist credential issued by the State Board of Education.

(Enacted by Stats. 1976, Ch. 1010.)

Duties of Supervisors of Health

1754. A supervisor of health employed by the county superintendent of schools shall perform such duties in connection with the supervision of health of pupils as are prescribed by the county superintendent of schools. All rules governing health services provided pursuant to Sections 1750, 1751, or 1752 shall be made by the county superintendent of schools.

(Enacted by Stats. 1976, Ch. 1010.)

CHAPTER 9. PUPIL AND PERSONNEL HEALTH

(Chapter 9 enacted by Stats. 1976, Ch. 1010)

Article 1. General Powers—School Boards

(Article 1 enacted by Stats. 1976, Ch. 1010)

Contracts

49402. Contracts between any city, county, or local health district and the governing board of any school district located wholly or partially within such city county, or local health district for the performance by the health officers or other employees of the health department of such city, county, or local health district of any or all of the functions and duties set forth in this chapter, Section 49404, and in Article 1 (commencing with Section 49300) of Chapter 8 of this part relating to health supervision of school buildings and pupils are hereby authorized.

In any such contracts the consideration shall be such as may be agreed upon by the governing board and the city, county, or local health district and shall be paid by the governing board at such times as shall be specified in the contract. This section shall not apply to any district which is under the control of a governing board which has under its control a district or districts having a total average daily attendance of 100,000 or more pupils.

(Enacted by Stats. 1976, Ch. 1010.)

Supervision of Health and Physical Development of Pupils

49422. No physician, psychiatrist, oculist, dentist, dental hygienist, optometrist, otologist, podiatrist, audiologist, or nurse not employed in such capacity by the State Department of Public Health, shall be, nor shall any other person be, employed or permitted to supervise the health and physical development of pupils unless he holds a services credential with a specialization in health or a valid credential issued prior to the operative date of the amendment to this section enacted at the 1970 Regular Session of the Legislature.

Any psychologist employed pursuant to Section 49403, and this article shall hold a school psychologist credential, a general pupil personnel services credential authorizing service as a school psychologist, a standard designated services credential with a specialization in pupil personnel services authorizing service as a psychologist, or services credential issued by the State Board of Education or Commission for Teacher Preparation and Licensing.

The services credential with a specialization in health authorizing service as a school nurse shall not authorize teaching services unless the individual holds a baccalaureate degree, or its equivalent, and has completed a fifth year of preparation.

No physician employed by a district to perform medical services pursuant to Section 44873, shall be required to hold a credential issued by the State Board of Education or commission, provided he meets the requirements of Section 44873.

(Enacted by Stats. 1976, Ch. 1010.)

Article 4. Physical Examinations

(Article 4 enacted by Stats. 1976, Ch. 1010)

Rules to Insure Proper Care and Secrecy

49450. The governing board of any school district shall make such rules for the examination of the pupils in the public schools under its jurisdiction as will insure proper care of the pupils and proper secrecy in connection with any defect noted by the supervisor of health or his assistant and may tend to the correction of the physical defect.

(Enacted by Stats. 1976, Ch. 1010.)

Parent's Refusal to Consent

49451. A parent or guardian having control or charge of any child enrolled in the public schools may file annually with the principal of the school in which he is enrolled a statement in writing, signed by the parent or guardian, stating that he will not consent to a physical examination of his child. Thereupon the child shall be exempt from any physical examination, but whenever there is a good reason to believe that the child is suffering from a recognized contagious or infectious disease, he shall be sent home and shall not be permitted to return until the school authorities are satisfied that any contagious or infectious disease does not exist.

(Enacted by Stats. 1976, Ch. 1010.)

49452.5 Scoliosis Screening: Notice; Immunity from Liability

The governing board of any school district shall, subject to Section 49451 and in addition to the physical examinations required pursuant to Sections 208, 321, and 323.7 of the Health and Safety Code, provide for the screening of every female pupil in grade 7 and every male pupil in grade 8 for the condition known as scoliosis. The screening shall be in accord with standards established by the State Department of Education. The screening shall be supervised only by qualified supervisors of health as specified in Sections 44871 to 44878, inclusive, and Section 49422, or by school nurses employed by the district or the county superintendent of schools, or pursuant to contract with an agency authorized to perform such services by the county superintendent of schools of the county in which the district is located pursuant to Sections 1750 to 1754, inclusive, and Section 49402 of this code, Section 485 of the Health and Safety Code, and guidelines established by the State Board of Education. The screening shall be given only by individuals who supervise, or who are eligible to supervise, the screening, or licensed chiropractors, or by certificated employees of the district or of the county superintendent of schools who have received in-service training, pursuant to rules and regulations adopted by the State Board of Education, to qualify them to perform these screenings. It is the intent of the Legislature that these screenings be performed, at no additional cost to the state, the school district, or the parent or guardian, during the regular schoolday and that any staff time devoted to these activities be redirected from other ongoing activities not related to the pupil's health care.

In-service training may be conducted by orthopedic surgeons, physicians, registered nurses, physical therapists, and chiropractors, who have received specialized training in scoliosis detection.

Pupils suspected of having scoliosis during the initial screening shall be rescreened by an orthopedic surgeon when there will be no cost to the state, the school district, or the parent or guardian.

No person screening pupils for scoliosis pursuant to this section shall solicit, encourage, or advise treatment or consultation by that person, or any entity in which that person has a financial interest, for scoliosis or any other condition discovered in the course of the screening.

The governing board of any school district shall provide for the notification of the parent or guardian of any pupil suspected of having scoliosis. The notification shall include an explanation of scoliosis, the significance of treating it at an early age, and the public services available, after diagnosis, for treatment. Referral of the pupil and the pupil's parent or guardian to appropriate community resources shall be made pursuant to Sections 49426 and 49456.

No action of any kind in any court of competent jurisdiction shall lie against any individual, authorized by this section to supervise or give a screening, by virtue of the provisions of this section.

In enacting amendments to this section, it is the intent of the Legislature that no participating healing arts licentiate use the screening program for the generation of referrals or for his or her financial benefit. The Legislature does not intend to deny or limit the freedom of choice in the selection of an appropriate health care provider for treatment or consultation.

Appendix B

Proposed Addition to the *Administrative Code*

Note: The following is the draft of a proposed addition to the *California Administrative Code* that was developed by the Department of Education's School Health Unit working in cooperation with many of the individuals acknowledged on page vi of this publication. This draft is now being revised in accordance with the instructions from the State Office of Administrative Law prior to its being resubmitted to the California State Board of Education for adoption and to the Office of Administrative Law for inclusion in the *California Administrative Code, Title 5, Education.* It is included here for information.

Article 7. Scoliosis Screening

Standards and Staffing of Scoliosis Screening Programs.

(a) Allocation of qualified supervisors of health as specified in sections 44871—44878, inclusive, and Section 49422 of the Education Code shall be determined by the amount and type of training, screening, supervision, referral, and follow-up necessary to carry out the intent of the law and these regulations.

(b) In-service training of instructors shall be conducted by orthopedic surgeons, physicians, registered nurses, physical therapists, or chiropractors who have received specialized training in scoliosis detection. This in-service training may take place through programs offered by offices of county superintendents of schools; in the school setting; in public or private medical institutions; hospitals; or public health agencies.

(c) In-service training of screeners shall be conducted by orthopedic surgeons, physicians, registered nurses, physical therapists, or chiropractors who have received training as instructors in keeping with the standards set forth in the guidelines and regulations approved by the State Board of Education.

(d) All training programs shall meet the standards set forth in the State Board of Education guidelines and shall so state on certificates of program completion.

Screening.

(a) Supervision of the screening shall be conducted only by qualified supervisors of health as specified in Sections 44871—44878, inclusive, and Section 49422 of the Education Code, employed by, or under contract with an agency authorized to perform such services by the office of the county superintendent of schools of the county in which the district is located pursuant to sections 1750 to 1754, inclusive, and Section 49402 of the Education Code, Section 485 of the Health and Safety Code, and guidelines established by the State Board of Education.

(b) The screening shall be conducted only by individuals "qualified" to supervise the screening, or by certificated employees of the district or of the office of the county superintendent of schools who have been qualified by training as defined in the guidelines and regulations adopted by the State Board of Education or pursuant to contract with an agency authorized to perform such services by the office of the county superintendent of schools of the county in which the district is located pursuant to sections 1750 to 1754, inclusive, and Section 49402 of the Education Code, Section 485 of the Health and Safety Code, and guidelines established by the State Board of Education. Certificated employees shall be authorized to conduct the screening under the supervision of the supervisor of health, as specified in sections 44871 to 44878, inclusive, and

Section 49422 of the Education Code only after they have become "qualified" by appropriate training pursuant to guidelines approved by the State Board of Education.

(c) Certificated personnel, who have had prior training and experience, as specified in the guidelines are "qualified" to conduct training and/or screening programs under Education Code Section 49452.5 and shall be authorized to continue those services which they have provided on a regular basis.

(d) Scoliosis screening conducted under contract with agencies authorized by the county superintendent of schools shall be conducted only under the supervision of qualified supervisors of health as specified in sections 44871—44878, inclusive, and Section 49402 of the Education Code.

Contract Agencies.

Standards and requirements for public, private, profit, or nonprofit agencies, organizations, individuals or corporations, hereafter referred to as contractors, that seek to enter into a contract with the schools of California for the purpose of providing scoliosis screening services pursuant to Section 49452.5 of the California Education Code and this Article shall be as follows:

(a) Qualifications of Personnel.

(1) The Director. The director of an agency providing scoliosis screening services through contracts with the schools of California shall be a "qualified" physician, credentialed school nurse, public health nurse or physical therapist. The director shall have received special training in scoliosis screening according to the requirements of Section 49452.5 of the Education Code.

(2) Scoliosis Screening Personnel (Contractors). Scoliosis screening services provided by a contract agency shall be given by "qualified" licensed physicians, credentialed school nurses, public health nurses, physical therapists or "qualified" personnel. All screening personnel shall have received in-service training according to the regulations in this Article.

(b) Scoliosis Screening Services (Contractors).

(1) All scoliosis screening services shall be conducted in compliance with current scoliosis screening regulations, pursuant to this Article.

(2) A school district that enters into a contract for scoliosis screening services shall ensure that all screening and related scoliosis screening services are conducted under the supervision of a supervisor of health as defined in sections 44871 to 44878 of the Education Code, who is employed either by the district or by the office of the county superintendent of schools.

(3) The contractor shall submit a report of the results of scoliosis screening for each individual screened to the contracting district within ten (10) school days following completion of the screening. The report shall also include, but may not be limited to, the total number screened, and the total number who failed at the screening.

(c) Registration of Contractors (Agencies) Providing Scoliosis Screening Services.

(1) Contracting agencies that intend to provide scoliosis screening in the schools of California pursuant to sections 1750—1754 and Section 49402 of the Education Code and Section 405 of the California Administrative Code, Title 5 for the current school year shall be authorized annually with the office of the county superintendent of schools of the county in which the districts to be served are located. The authorization shall include the name, address and qualifications of the director and the names and qualifications of all scoliosis screening personnel.

(2) The office of the county superintendent of schools shall require that personnel of contract agencies requesting authorization have valid credentials and evidence of appropriate training as defined in the guidelines on file in the county office prior to the provision of services.

(3) The office of the county superintendent of schools shall maintain a current list of all authorized contract agencies for the use of school districts. The

list shall be made available to the consultant in school health services in the State Department of Education upon request.

(4) The office of the county superintendent of schools shall determine that all scoliosis screening services are provided in compliance with current scoliosis screening standards pursuant to this Article.

(5) Validation of contracts and the approval of payment for services are subject to authorization of the contractor by the office of the county superintendent of schools prior to the provision of services.

Contracts.

Contractual arrangements shall specify responsibilities of both parties agreeing to the contract. The contract shall include, but not be limited to, the following:

(a) Names and qualifications of supervisory personnel—County or District.
(b) Names and qualifications of supervisory personnel—Contractor.
(c) Names and qualifications of scoliosis screening personnel.
(d) Description of procedures to be followed.
(e) Content of required reports.
(f) Manner of submission of required reports.
(g) Dates services are to be provided.
(h) Costs and fee arrangements.
(i) Assurance that agency has current authorization from the office of the county superintendent of schools.

Procedures.

Prior to initiation of the program, parents or guardians must be informed in their primary language about the plan to conduct the program and of their right of refusal to consent for the child's participation. Such refusal must be submitted to the school in writing and shall be honored pursuant to Section 49451 of the Education Code. The scoliosis screening programs shall be conducted on female pupils in grade 7 and on male pupils in grade 8 during the regular school day and shall be accomplished in addition to other mandated school health services.

(a) Female students shall have an individual screening and shall be screened separately from male students.

(b) Male students shall have an individual screening and shall be screened separately from female students.

(c) "Qualified" supervisors of health as specified in sections 44871—44878, inclusive, and Section 49422 of the Education Code may screen students of either sex. Other "qualified" female personnel, as defined in this Article, shall screen only female students. Other "qualified" male personnel, as defined in this Article, shall screen only male students. "Qualified" certificated employees shall be authorized to conduct the screening under the supervision of the supervisor of health as specified in sections 44871—44878, inclusive, and Section 49422 of the Education Code only after they have become "qualified" by appropriate training pursuant to regulations and guidelines approved by the State Board of Education.

(1) Students suspected of having a spinal deformity found in the initial screening shall be rescreened by "qualified" supervisors of health as specified in sections 44871—44878, inclusive, and Section 49422 of the Education Code employed by the district or the office of the county superintendent of schools or shall be rescreened by "qualified" personnel under "immediate supervision" of a "qualified" supervisor of health.

(2) When an abnormality has been identified as a result of a scoliosis screening, a report shall be made by the supervisor of health to the parent or guardian in his or her primary language. Such report shall include an explanation of scoliosis, the significance of treating it at an early age, and the health and other community resources available for diagnosis and treatment. Referral of the pupil and the pupil's parent or guardian to appropriate community resources

shall be made pursuant to sections 49426 and 49456 of the Education Code and in accordance with criteria set forth in the guidelines adopted by the State Board of Education.

(3) Local agencies and school districts shall be privileged to file claims with the State Controller to reimburse them for costs mandated by the state and incurred by them pursuant to this act, including, but not limited to, screening, recordkeeping, referral, follow-up, and administration of the program.

Definitions.

(a) "Qualified" means the ability to demonstrate competence in training skills, screening skills or both.

(b) "Qualified" as an instructor shall mean the credentialed school nurse, other registered nurses, physical therapists, or licensed physicians and surgeons who have satisfied the requirements for training as set forth in the State Board of Education approved guidelines.

(c) "Qualified" as a screener shall mean anyone qualified as an instructor, or certificated employees of the district or of the office of the county superintendent of schools who have received training as a screener pursuant to the State Board of Education approved guidelines.

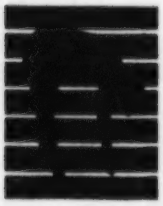
(d) "Supervision" of initial screening for purposes of this program shall mean "indirect supervision" as defined in Title 5, Section 3112, of the California Administrative Code.

(e) "Supervision" of rescreening for suspected problems shall mean "immediate supervision" as defined in Title 5, Section 3112, of the California Administrative Code.

(f) Specialized training in scoliosis detection shall mean postgraduate training in the medical diagnosis and treatment of spinal deformities and/or work in the field of spinal deformities for at least one year. Such work can include any of the following: detection, diagnosis and/or treatment of scoliosis, kyphosis, and lordosis.

Reference: Sections 1750—1754; 49450—49457; 44871, 44878, Education Code

NOTE: Authority cited: Section 49452.5, Education Code



Appendix C

Claim Forms and Supporting Data for Reimbursement of Costs

STATE OF CALIFORNIA

Claim Form and Supporting Data

Claim for payment of mandated costs under Section 2231 of the *Revenue and Taxation Code*

State Controller Use

Received _____

Payee I.D. _____

Amount of estimate

$ _____

Adjustment of actual

$ _____

Total

$ _____

1. Entity submitting claim:

_____
Name

_____
Address

_____
City State ZIP

2a. _____ Fiscal year

Reimbursement claim $ _____

Payment(s) received for estimated claim _____

Balance due or amount overpaid (-) $ _____

2b. _____ Fiscal year

Estimated claim $ _____

3. Reason for mandated costs:

Name of program	Chapter(s)	Statutes of
_____	1 _____	19 _____
_____	2 _____	19 _____

(List only one program per claim form.)

4. Certification of claim:

In accordance with the provisions of the *Revenue and Taxation Code*, Section 2231, I certify that I am the person authorized by the local agency or school district to file claims with the State of California for costs mandated by said chapters; and certify under penalty of purjury that I have not violated any of the provisions of *Government Code* sections 1090 to 1096, inclusive.

I further certify that there were no applications for nor any grants or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for new program or increased level of service of an existing program mandated by said chapters.

The amount of $ _____ (2a. + 2b.) is hereby claimed from the state for payment of the actual and/or estimated cost for the mandated program set forth on the attached statement.

[Signed] _____
Authorized representative

_____
Name (Please type)

_____
Title

Date _____

---

5. Mailing address:

_____
Name of entity

_____
Street address

_____
County

_____
City State ZIP code

---

6. Contact person for claim:

_____
Name

_____
Telephone number

Submit three copies of claim form and two copies of supporting data to State Controller, Division of Accounting, P.O. Box 1019, Sacramento, CA 95805.

Instructions for Completing and Certifying the Claim Form

1. Enter the name and address of entity filing claim.

2a. Enter the actual cost incurred for the mandated program in the fiscal year under "Reimbursement Claim." If an estimated claim was filed for the fiscal year, enter the amount received under "Payments(s) received for estimated claim." The difference between the actual cost and payment(s) received is "Balance due or amount overpaid."

2b. Enter the estimated cost to be incurred for the mandated program in the fiscal year under "Estimated claim."

3. Under "Reason for mandated costs," give the general name of the mandated program and the chapter(s) involved. Enter one program per claim form.

   Example:

Name of program	Chapter(s)	Statutes of
Workers' Compensation	1021	1973
	1023	1973

4. Read the statement of certification. If the statement is true, enter total amount claimed, sign the form where indicated, and type or print your name, your title, and the date. *Claims cannot be paid unless accompanied by a signed certification.*

5. Enter mailing address to which payment and/or communications are to be sent. If different addresses are involved, please identify.

6. Enter the name and telephone number of the person this office may contact if additional information is required.

Mailing address for filing claims:

State Controller
Division of Accounting
P.O. Box 1019
Sacramento, CA 95805-5870

Please submit three copies of claims forms and two copies of supporting data. File the claim postmarked on or before the deadline specified in the mandate.

Chapter 1347/80 (AB 2168)—Schools: Physical Examination for Scoliosis

(Claim form information sheet)

This act would require that all female students in grade seven and all male students in grade eight be given a scoliosis screening, unless a parent or guardian refuses to consent to such a screening.

A. Operative Date of Mandate

January 1, _____

B. Period of Claim

- Estimated claim for costs to be incurred for the period July 1, 19____, through June 30, 19____
- Reimbursement claim which details the costs actually incurred for the period July 1, 19____, through June 30, 19____

C. Due Date for Claims and Supporting Material

Claims and supporting materials *must be postmarked on or before* November 30. If the reimbursement claim is filed after this deadline, but no later than next November 30, the payment will be made at a rate of 80 percent of the approved claim.

D. Mandated Costs

School districts are required to screen every female student in grade seven and every male student in grade eight for the condition known as scoliosis, unless the parent or guardian refuses to consent to such screening. In addition, school districts must notify the parent or guardian, in a specified manner, of any student suspected of having scoliosis. Furthermore, school districts must refer such student and his or her parent or guardian to appropriate community resources to obtain information on available treatment.

E. Reimbursement

School districts will be reimbursed for costs incurred in screening for scoliosis in all female students in grade seven and all male students in grade eight, including recordkeeping, referral, follow-up, and administration of the program.

F. Supporting Data for Claim

1. Reimbursement Claim for the 19____-____ Fiscal Year

   Attach a statement adjusting the prior year mandated cost estimate by showing the actual increased cost, less the amount received for the estimated claim, and the difference is balance due or amount overpaid.

   See the method of reimbursement computation for an example format for claiming costs.

   Support for the actual increased cost should include the number of female students in grade seven and male students in grade eight that have been screened for scoliosis. Costs incurred for screening, recordkeeping, referral, follow-up, and administration of the program should be reported as follows:

   a. Salaries and Employee Benefits. Show the position titles of persons involved, describe the specific function performed relative to the mandate, amount of time spent, their productive hourly rate, and employee benefits.
   b. Services and Supplies. Only expenditures which can be identified as a direct cost as a result of the mandate can be claimed. List costs of material acquired which have been consumed or expended specifically for the purpose of this mandate.
   c. Allowable Overhead Cost. School districts may use the J-41A nonrestrictive indirect cost rate which has been approved by the State Department of Education. Offices of county superintendents of schools should use the J-73A rate. The rate, however, should not be applied to those costs classified as General Support, specifically EDP codes 400, 405, and 410.

For purposes of program evaluation, the State Department of Education is appreciative of those school districts who can volunteer the following information, if available, for the period July 1 through June 30. This information can be included with the reimbursement claim.

a. Number of students initially screened _____
b. Number of students rescreened—those students who are questionable after the first screening and are again screened at a later time _____
c. Number of students referred to medical care _____
d. Number of students who actually go to receive medical care _____

2. Estimated Claims for the Fiscal Year

Estimated claims shall be computed in accordance with the same instructions given above for the actual cost, but on an estimated basis with supporting data.

Appendix D

Examples of Screening Program Forms

Sample Permission to Screen Pupils

(School Letterhead)

Scoliosis Screening Program

Dear Parent:

State law requires that school districts in California provide scoliosis screening for seventh grade female students and eighth grade male students, with qualified personnel to conduct such screening.

Scoliosis is a curvature in the spine and can affect the function of parts of the body. Screening is performed by observing the uncovered spine, viewing the student from the back, side, and front and also from all sides with the student bending forward. If a spinal problem is suspected, the child will be rechecked at a second screening. Parents of students found to have signs of a possible spinal abnormality will be notified and will be asked to see their own physicians for further evaluation.

Girls and boys will be screened separately to ensure privacy. They can wear gym clothes, bathing suits, or other clothing that can be removed easily. Screening for your child will take place within the next two weeks. If your child is currently under treatment for a spinal problem, please let us know.

Please sign below and return to the school nurse if you do not want your child included in the scoliosis screening.

I **do not wish** my son/daughter to be included in the scoliosis screening.

_____ _____

Student's name Parent's signature

_____

Date

Postural Screening Work Sheet

If an indication of scoliosis is present, mark the appropriate letter or place a check in the box after the student's name and under the appropriate illustrations.

School _____

_____

Address _____

_____

Screener _____

Grade _____ Date _____

Standing back	Forward	Bending	Standing profile	Standing facing	Under current medical treatment	Refer for rescreening Date:	Rescreening Screener: Date:	Follow-up

Student's name	Sex	Date of birth	A-Head B-Shoulder C-Scapula D-Spine E-Waist	Rib cage hump	Spinal hump	A-Head B-Round back C-Sway-back D-Buttocks	A-Shoulder B-Arm to body C-Hip	Yes or no	Date	Confirm findings yes/no	Date family contacted	Date referred to physician	Physician's diagnosis and treatment report date	School follow-up needed

BEST COPY AVAILABLE

Screening Work Sheet

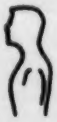
(Place an X in the appropriate box to indicate your assessment of the student's condition in each area. If additional comments are necessary, use the space provided at the bottom of this page.)

Student's name: _____

	Good	Fair	Poor	Grading		
				Good	Fair	Poor
Head tilt Left Right						
High shoulders Left Right						
Spinal curve Left Right						
High hip Left Right						
Ankles						

Other comments:

Scoliosis Screening and Referral Criteria

	Normal	Physical Signs of Curve
Back to screener	Shoulders are level.	One shoulder markedly higher can indicate a high thoracic curve.
	Scapulae are level and symmetrical. Body to arm distance equal on both sides.	**THORACIC SCOLIOSIS** One scapula is elevated. Hip appears higher. Body to arm distance is unequal in lumbar scoliosis.
Forward bend away from screener	**THORACIC SCOLIOSIS** Slight forward bending will demonstrate a thoracic prominence.	**LUMBAR SCOLIOSIS** Further bending will demonstrate a lumbar prominence.
Side facing screener	 Mild thoracic posterior curve, neck erect, and head balanced.	**THORACIC KYPHOSIS** Upper back is markedly rounded posteriorly. Neck and chin forward may be associated with lumbar lordosis.
	Lower back slightly hollow.	**LUMBAR LORDOSIS** Marked hollow in lumbar area, usually associated with abdominal protuberance.
Bend with side facing screener	Smooth line from pelvis to head.	**THORACIC KYPHOSIS** Exaggerated angle in the spine.
Forward bend toward screener	Normal rib cage is symmetrical.	**THORACIC SCOLIOSIS** Rib cage is prominent on one side.

Source: School Health Program, California State Department of Education.

Scoliosis Services Time Accounting Report

(Some school districts require those who conduct scoliosis screening programs to maintain a detailed record of the time spent in this activity. If your district has such a requirement, this format, or one similar to it, may prove beneficial in providing data to the district office.)

Month _____

Report for school year

19__-19__

School/district name

Address

City ZIP code ( ) Telephone

Services	Number of hours, by day of the month																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Parent notification																															
Health education																															
Screening																															
Rescreening																															
Referral																															
Follow-up																															
Recording																															
Screener training																															

Total hours per month _____

	Total number of seventh grade females	Total number of eighth grade males
Screened		
Rescreened		
Referred		
Diagnosed		

Screener's name

Classification

Date submitted

Report of Scoliosis Screening

(Notification Form to Parents and Doctor)

Dear Parents or Guardians of _____

Your child was screened for scoliosis at school and found to have a possible curvature of the spine. Although the results do not definitely mean there is a problem or that treatment is needed, it is recommended that you have further evaluation by a physician.

Only a small percentage of children need treatment, but those who show any sign of a spinal curvature must be evaluated by a licensed physician. Early detection and treatment could save your child from a very serious deformity.

Please take this form with you at the time of the doctor's examination. Your signature below will authorize your daughter's/son's physician to return important information to the school nurse. Thank you for your cooperation.

_____ _____ _____

Signature of nurse Date Signature of parent

_____

School

_____

Address

_____

City State ZIP code

( )_____

Telephone number

Dear Doctor:

_____ was advised to seek further medical evaluation because our recent scoliosis screening detected the following abnormalities:

Standing	*Right*	*Left*	*Forward bending*	*Right*	*Left*
One shoulder higher	____	____	Thoracic prominence	____	____
Prominent scapula	____	____	Lumbar prominence	____	____
Elevated scapula	____	____			
Higher iliac crest	____	____	*Side view*		
Waist length greater	____	____	Lordosis_____		
Arm to body space wider	____	____	Kyphosis _____		

In order for the school to fully evaluate this screening program, it is necessary to receive follow-up information from you. We request that you complete the information on the reverse side of this form and then return it to the school nurse at the address listed above.

Report from Medical Examiner to School

Was scoliosis confirmed? Yes _____ No _____

Was an X ray taken of the child standing? Yes _____ No _____

If yes, please indicate the degree of the curve, using the Cobb method of measurement.

_____ thoracic

_____ lumbar

Was there a different diagnosis? If yes, please comment. Yes _____ No _____

Please indicate which of the following is applicable:

1. The student will return to me for reevaluation in three to six months.
2. A decision regarding bracing or surgery is pending.
3. The student is being referred to another physician. (Please write the name below.)

_____
Name

_____
Address

Recommendations regarding physical education:

Yes _____ No _____ Restrictions _____

If restrictions are indicated, give length of time and specify limitations.

Other comments regarding your treatment plan:

Thank you for your cooperation. Please return this form to the school nurse identified on the front side of this page.

_____ _____
Signed Date

_____ _____
Address Telephone number

Individual Student Data Sheet (Optional)

(For Student's Health Record)

Last name First name Age Sex Grade

Date of screening _____ Dates previously screened _____

Standing position

Are shoulders level? Yes _____ No _____
Are hips same level? Yes _____ No _____
Any apparent spinal deviation while erect? Yes _____ No _____

Standing position

Is there a shoulder prominence?

Yes _____ No _____ If "Yes," Right _____ or Left _____

Rib humpage?

Yes _____ No _____ If "Yes," Right _____ or Left _____

Lumbar humpage?

Yes _____ No _____

Other abnormalities noted

Kyphosis? _____ Lordosis? _____ Other? _____

(Describe) _____

_____

Notification form sent home

Date sent _____ Reply received _____ From whom _____

Diagnosis _____ Prognosis _____

Follow-up

Person contacted _____ Date _____

Reason _____

Comments:

Summary of Scoliosis Screening

School/district _____ Data provided by _____

Address _____ Telephone (___) _____

Date of screening _____ Location (Building) of screening _____

Number of students in your charge _____ Grades _____ Age range _____

Number of students screened (Male) _____ Grades _____ Age range _____

(Female) _____ Grades _____ Age range _____

Before referral to outside physician, students are rescreened in district by:

School physician _____ Another school nurse-teacher _____

Physical education instructor _____ Other (State by whom.) _____

Not at all _____

Before referral to physician, students with possible positive findings were rescreened:

Yes _____ No _____

Number found to have possible scoliosis Male _____ Female _____

Number found to have other spinal defects Kyphosis _____ Lordosis _____

Number referred for additional evaluation _____

Number confirmed by physician _____ To be observed _____ Brace _____ Surgery _____

Description of students confirmed by physician to have possible spinal deviation:

Age	Male	Female	Age	Male	Female

Number of students being treated or watched for scoliosis before screening program:

Male _____ Female _____

Follow-up comments: _____

_____

_____

Publications Available from the Department of Education

This publication is one of approximately 500 that are available from the California State Department of Education. Some of the more recent publications or those most widely used are the following:

Administration of the School District Budget (1983)	$3.00
California Private School Directory	9.00
California Public School Directory	12.50
Career/Vocational Assessment of Secondary Students with Exceptional Needs (1983)	4.00
Child Development Program Guidelines (1983)	3.75
College Core Curriculum: University and College Opportunities Program Guide (1983)	2.25
Computer Literacy of California's Sixth and Twelfth Grade Students (1984)	1.50
Curriculum Design for Parenthood Education (1982)	4.00
Guide for Vision Screening in California Public Schools (1984)	2.50
Handbook for Planning an Effective Mathematics Program (1982)	2.00
Handbook for Planning an Effective Reading Program (1983)	1.50
Handbook for Planning an Effective Writing Program (1983)	2.50
Handbook for Teaching Portuguese-Speaking Students (1983)	4.50
History—Social Science Framework for California Public Schools (1981)	2.25
Improving the Attractiveness of the K—12 Teaching Profession in California (1983)	3.25
Making Mealtime a Happy Time for Preschoolers (1983)	7.50/10
Manual of First-Aid Practices for School Bus Drivers (1983)	1.75
Martin Luther King, Jr., 1929—1968 (1983)	3.25
Mathematics Framework and Addendum for California Public Schools (1984)	2.00
Nutrition Education—Choose Well, Be Well: A Curriculum Guide for Junior High School (1984)	8.00
Nutrition Education—Choose Well, Be Well: A Curriculum Guide for High School (1984)	8.00
Nutrition Education—Choose Well, Be Well: A Curriculum Guide for Preschool and Kindergarten (1982)	8.00
Nutrition Education—Choose Well, Be Well: A Curriculum Guide for the Primary Grades (1982)	8.00
Nutrition Education—Choose Well, Be Well: A Curriculum Guide for the Upper Elementary Grades (1982)	8.00
Nutrition Education—Choose Well, Be Well: A Resource Manual for Parent and Community Involvement in Nutrition Education Programs (1984)	4.50
Nutrition Education—Choose Well, Be Well: A Resource Manual for Preschool, Kindergarten, and Elementary Teachers (1982)	2.25
Nutrition Education—Choose Well, Be Well: A Resource Manual for Secondary Teachers (1982)	2.25
Preparing Food for Preschoolers (1983)	7.50/10
Preschool Program Guidelines (1983)	2.70
Raising Expectations: Model Graduation Requirements (1983)	2.75
Reading Framework for California Public Schools (1980)	1.75
Resources in Health Career Programs for Teachers of Disadvantaged Students (1983)	6.00
School Attendance Improvement: A Blueprint for Action (1983)	2.75
Science Education for the 1980s (1982)	2.00
Science Framework for California Public Schools (1978)	1.65
Science Framework Addendum (1984)	3.00
Standards for Scoliosis Screening in California Public Schools (1984)	2.50
Statement on Competencies in English and Mathematics Expected of Entering Freshmen (1982)	2.50
Studies on Immersion Education: A Collection for U.S. Educators (1984)	5.00
Techniques for Preventing the Spread of Infectious Diseases (1983)	1.50
Time and Learning in California Schools (1984)	1.50
Toward More Human Schools: Exemplary Efforts in Self-Concept, Human Values, Parenting, and School Climate (1981)	1.75
Trash Monster Environmental Education Kit (for grade six)	23.00
University and College Opportunities Handbook (1984)	3.25
Visual and Performing Arts Framework for California Public Schools (1982)	3.25
Wet 'n' Safe: Water and Boating Safety, Grades 4—6 (1983)	2.50
Wizard of Waste Environmental Education Kit (for grade three)	20.00

Orders should be directed to:

California State Department of Education
P.O. Box 271
Sacramento, CA 95802-0271

Remittance or purchase order must accompany order. Purchase orders without checks are accepted only from government agencies in California. Sales tax should be added to all orders from California purchasers.

A complete list of publications available from the Department, including apprenticeship instructional materials, may be obtained by writing to the address listed above.

A list of approximately 100 diskettes and accompanying manuals, available to member districts of the California Computing Consortium, may also be obtained by writing to the same address.

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